07/14/2009 22:43

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC) 11065 HOME SHORE DRIVE ADDRESS (number and street) Check if different than previously **PINCKNEY** МІ 48169 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421040 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Margo Lynn Burrage Type or Print Name of Treasurer Electronically Filed by Margo Lynn Burrage 07 14 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

Write or Type Committee Name

Report Covering the Period:

From:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/11

2009

FEC Form 3X (Rev. 02/2003)

0 1

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC) ^D 30 м м 0 1 м м 0 6 D D

2009

To:

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2009 Y Y Y		25644.50
(b) Cash on Hand at Begining of Reporting Period	25644.50	
(c) Total Receipts (from Line 19)	11368.00	11368.00
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37012.50	37012.50
Total Disbursements (from Line 31)	8521.00	8521.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28491.50	28491.50
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 11

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

0 1 м м 0 1 м°м 06 30 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2925.00 2925.00 (i) Itemized (use Schedule A) 8443.00 8443.00 (ii) Unitemized (iii) TOTAL (add 11368.00 11368.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees 13. All Loans Received 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made

18	Transfers	from	Non-Federal	and	Levin Fr	ınds

to Federal candidates and Other

17. Other Federal Receipts

(a) Non-Federal Account
(from Schedule H3)

Political Committees

(Dividends, Interest, etc.)

/h	\ Lovin	Eundo	(from	Schedule H5	١
(U) Leviii	i unus	(110111)	Scriedule 113)

	/ - \	T - 1 - 1	T	/	0/-1	1	40	/I- \	`
1	C)	i otai	Transfer	(aaa 18	8(a)	ana	18((a)).

19.	Total Receipts (add Lines 11(d),
	12, 13, 14, 15, 16, 17, and 18(c))

11368.00	11368.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
11368.00	11368.00

11368.00

11368.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 11

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	21.00	21.00
	Expenditures(c) Total Operating Expenditures	21.00	21.00
	(add 21(a)(i), (a)(ii) and (b))	21.00	21.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	8500.00	8500.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
RO.	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	0504.00	0504.00
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8521.00	8521.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	8521.00	8521.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 11

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	otal Contributions (other than loans) om Line 11(d), page 3)	11368.00	11368.00
_	otal Contribution Refunds om Line 28(d))	0.00	0.00
	et Contributions (other than loans) ubtract Line 34 from Line 33)	11368.00	11368.00
	otal Federal Operating Expenditures dd Line 21(a)(i) and Line 21(b))	21.00	21.00
	fsets to Operating Expenditures om Line 15, page 3)	0.00	0.00
	t Operating Expenditures ubtract Line 37 from Line 36)	21.00	21.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/11 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIAN	NCE INC POLI	TICAL ACTION COMMITTE	E (CAAPAC)
Full Name (Last, First, Middle Initial) TAMJEED ARSHAD, MD			Date of Receipt
Mailing Address 273 WINTON M BO	UNT LOOP		05 22 2009
City MONTGOMERY	State AL	Zip Code 36124	Transaction ID: SA11AI.4652 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) WYNNE CRAWFORD, MD			Date of Receipt
Mailing Address 273 WINTON M BO	UNT LOOP		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MONTGOMERY	State AL	Zip Code 35124	Transaction ID: SA11AI.4662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00124	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) R ERIC CRUM, MD			Date of Receipt
Mailing Address 273 WINTON M BO	UNT LOOP		05 22 2009
City MONTGOMERY	State AL	Zip Code 35124	Transaction ID: SA11AI.4664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	OOTET	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		975.00

SCHEDULE A (FEC Form 3X)

City State Zip Code MONTGOMERY AL 36124 FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY CARDIOVASCULAR ASSO.	SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) JOSE ESCOBAR, MD Malling Address 273 WINTON M BOUNT LOOP City State Zip Code MONTGOMERY AL 36124 FEC ID number of contributing federal political committee. C Cocupation Physician Society First, Middle Initial) JOHN FINKLEA MD Malling Address 273 WINTON M BOUNT LOOP City State Zip Code Transaction ID: SA11Al.4654 Amount of Each Receipt this Periods State Zip Code Transaction ID: SA11Al.4654 MONTGOMERY AA 36124 Full Name (Last, First, Middle Initial) JOHN FINKLEA MD Malling Address 273 WINTON M BOUNT LOOP City State Zip Code Transaction ID: SA11Al.4654 Amount of Each Receipt this Period FeC ID number of contributing federal political committee. C Cocupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00 Date of Receipt Transaction ID: SA11Al.4654 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00 Date of Receipt Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00 Date of Receipt Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 325.00	or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	ing the name and address of any political committee to	o solicit contributions from such committee.
Mailing Address 273 WINTON M BOUNT LOOP City State Zip Code AL 36124 FEC ID number of contributing federal political committee. Name of Employer ASSO OMERY ASSO OMERY ABOUNT LOOP City State Zip Code ASSO OMERY ASSO OMERS 273 WINTON M BOUNT LOOP City State Zip Code ASSO OMERS 273 WINTON M BOUNT LOOP City State Zip Code ASSO OMERS 273 WINTON M BOUNT LOOP City State Zip Code ASSO OMERS 273 WINTON M BOUNT LOOP FEC ID number of contributing federal political committee. Name of Employer ASSO OMERS 273 WINTON M BOUNT LOOP City State Zip Code ASSO OMERS 273 WINTON M BOUNT LOOP FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 325.00 Date of Receipt Transaction ID: SA11AI.4654 Amount of Each Receipt this Period Transaction ID: SA11AI.4654 Amount of Each Receipt this Period Transaction ID: SA11AI.4654 Amount of Each Receipt this Period Transaction ID: SA11AI.4656 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.4656 Transaction ID: SA11AI.4650 Transaction ID: SA11AI.4650 Date of Receipt Transaction ID: SA11AI.4656 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.4656 Amount of Each Receipt Transaction ID: SA11AI.4656 Transaction ID: SA11AI.4656 Transaction ID: SA11AI.4656 Amount of Each Receipt Transaction ID: SA11AI.4656	Full Name (Last, First, Middle Initial)	LIANGE ING POLITICAL ACTION COMMITTE	<u> </u>
MONTGOMERY FEC ID number of contributing federal political committee. Name of Employer Montgomery Al. 36124			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer ARDIOVASCULAR ASSO. Receipt For: Primary General Aggregate Year-to-Date ▼	-		
ASSO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHN FINKLEA, MD Mailing Address 273 WINTON M BOUNT LOOP City State Zip Code MONTGOMERY AA 36124 FEC ID number of contributing federal political committee. Name of Employer WONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) H FORREST FLEMMING, MD Mailing Address 273 WINTON M BOUNT LOOP City State Zip Code MONTGOMERY AA 36124 Full Name (Last, First, Middle Initial) H FORREST FLEMMING, MD Mailing Address 273 WINTON M BOUNT LOOP City State Zip Code MONTGOMERY AA 36124 FEC ID number of contributing federal political committee. C Transaction ID: SA11Al.4656 Amount of Each Receipt Transaction ID: SA11Al.4656 Amount of Each Receipt Transaction ID: SA11Al.4656 Amount of Each Receipt Trip Primary General Other (specify) ▼ A 325.00	FEC ID number of contributing		Amount of Each Receipt this Period 325.00
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City State Zip Code MONTGOMERY FC ID number of contributing federal political committee. Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify) ▼ State Zip Code AA 36124 Amount of Each Receipt this Period C 325.0 Transaction ID: SA11Al.4654 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11Al.4654 Amount of Each Receipt this Period 325.0 Date of Receipt Transaction ID: SA11Al.4656 Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period Transaction ID: SA11Al.4656 Amount of Each Receipt this Period	JOHN FINKLEA, MD		<u> </u>
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Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify) ▼ Occupation PHYSICIAN Aggregate Year-to-Date ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Occupation PHYSICIAN Date of Receipt Other (specify) ▼ Other (specify) ▼ Occupation PHYSICIAN Occupation PHYSICIAN Occupation PHYSICIAN Occupation PHYSICIAN Occupation PHYSICIAN Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Occupation PHYSICIAN Occupation PHYSICIAN Other (specify) ▼ Other (specify) ▼ Occupation PHYSICIAN Other (specify) ▼ Occupation PHYSICIAN Occupati	MONTGOMERY	AA 36124	Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify) 325.00	City	State Zip Code	Transaction ID: SA11AI.4656
Receipt For: Primary Other (specify) ▼ Occupation PHYSICIAN Aggregate Year-to-Date 325.0 General Occupation PHYSICIAN Aggregate Year-to-Date 325.00	MONTGOMERY	AA 36124	Amount of Each Receipt this Period
MONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		C	325.00
Primary General 325.00 General 325.00	ASSO	PHYSICIAN	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (option	nal)	975.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scho for each category Detailed Summary	of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANO	e name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. OMMITTEE (CAAPAC)
Full Name (Last, First, Middle Initial) DAVID GEORGE, MD Mailing Address 273 WINTON M BOU City MONTGOMERY FEC ID number of contributing federal political committee. Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	State Zip Code AL 36124 C Occupation PHYSICIAN	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	25.00
Full Name (Last, First, Middle Initial) DARRYL HAMILTON, MD Mailing Address 273 WINTON M BOU	NT LOOP	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4668
MONTGOMERY	AL 36124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	225.00
Full Name (Last, First, Middle Initial) PAUL MOORE, MD		Date of Receipt
Mailing Address 273 WINTON M BOU	NT LOOP	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.4660
MONTGOMERY FEC ID number of contributing federal political committee.	AL 36124	Amount of Each Receipt this Period 325.00
Name of Employer MONTGOMERY CARDIOVASCULAR	Occupation PHYSICIAN	
ASSO		1
	Aggregate Year-to-Date ▼	25.00
ASSO Receipt For: Primary General	3	975.00

IT	CHEDULE B (FEC Form 3X)		ate schedule(s)		NUMBER: PAGE 9/11
	EMIZED DISBURSEMENTS	for each car	tegory of the ummary Page	(check only 21b 27	one) 22 X 23 24 25 28 28 28 29
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANCE II				
<u>/</u>	Full Name (Last, First, Middle Initial) CITIZENS FOR BUNNING				Transaction ID: SB23.4649 Date of Disbursement
	Mailing Address 1717 DIXIE HIGHWAY	SUITE 180			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & O & O \end{bmatrix}$
	City FT WRIGHT		Zip Code 41011		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Candidate Name	ement For:		Category/ Type	
	X Senate President	Primary Other (specif	General ▼		
	State: KY District: 00 Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS				Transaction ID: SB23.4639 Date of Disbursement
	Mailing Address 84-56 Grand Avenue		$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Q & O & O & Y \end{bmatrix} $		
	City Elmhurst		Zip Code 11373		Amount of Each Disbursement this Period
	Purpose of Disbursement				1000.00
	Candidate Name			Category/ Type	
	Office Sought: House Disburs Senate	ement For: Primary	General		
	President	Other (specif	fy) 🔻		
		Other (specif	fy) ▼		Transaction ID: SB23.4640 Date of Disbursement
	President State: District: Full Name (Last, First, Middle Initial)	Other (special	fy) V		
	President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	State 2	Zip Code 11501		Date of Disbursement
	President District: Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY Mailing Address 151 Linden Road City Mineola Purpose of Disbursement	State 2	Zip Code		Date of Disbursement
	President State: District: Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY Mailing Address 151 Linden Road City Mineola Purpose of Disbursement Candidate Name	State Z	Zip Code	Category/ Type	Date of Disbursement M 6 M / D 5 D / Y Y Y O 9 Y Amount of Each Disbursement this Period
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r for commercial purposes, other than using the name and address of any political committee to select contributions from such committee NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC) Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS Mailing Address PO BOX 2916 City State Zip Code AL 35804 Purpose of Disbursement Candidate Name Office Sought: Y House Primary General Office Sought: Senate Primary General Office Sought: Transaction ID: SB23.4644 Date of Disbursement this Period Transaction ID: SB23.4644 Date of Disbursement this Period Transaction ID: SB23.4644 Date of Disbursement this Period Office Sought: Transaction ID: SB23.4644 Date of Disbursement Office Sought: Transaction ID: SB23.4644 Date of Disbursement Office Sought: Transaction ID: SB23.4644 Date of Disbursement Office Sought: Transaction ID: SB23.4644 Date of Disbursement this Period Office Sought: Transaction ID: SB23.4644 Date of Disbursement this Period Office Sought: Transaction ID: SB23.4647 Date of Disbursement Office Sought: Transaction ID: SB23.4647 Date of Disbursement this Period Office Sought: Transaction ID: SB23.4647 Date of Disbursement Office Sought: Transaction ID: SB23.4647 Date of Disbursement ID: SB23.4647 Date of Disbursement Office Sought: Transaction ID: SB23.4647 Date of Disbursement Office Sought: Tr	IT	EMIZED DISBURSEMENTS			È	21b	22							26 30
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Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS Mailing Address PO BOX 2916 City State Zip Code Huntsville AL 35804 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary General District: 9 Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL Mailing Address PO Box 1071 City State Zip Code IN 47274 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary General District: 9 Full Name (Last, First, Middle Initial) HON SALAZAR FOR CONGRESS Mailing Address PO Box 534 City State: IN District: 9 Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS Mailing Address PO Box 534 City State: IN District: 9 Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS Mailing Address PO Box 534 City State: IN District: 9 Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS Mailing Address PO Box 534 City State: IN District: 9 Full Name (Last, First, Middle Initial) JOHN SALAZAR FOR CONGRESS Mailing Address PO Box 534 City State: Disbursement Candidate Name Office Sought: House Senate Primary General Primary Gene	or	<u> </u>	me and addre	ess of any political	comm	ittee to s	SOIICIT CC	ontribi	utions tr	om	sucn c	ommittee	•	
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NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANCE IN	C POLITICAL ACTION COMMIT	TEE (CAAPAC)
Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue		Transaction ID: SB23.4635 Date of Disbursement O 6 Disbursement
City Sacramento	State Zip Code CA 95841	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	Categor Type	ry/
Office Sought: X House Senate President State: CA District: 01	ment For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) RUBEN HINOJOSA FOR CONGRESS		Transaction ID: SB23.4648 Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 North 11th Street		06 25 2009
	State Zip Code TX 78501	Amount of Each Disbursement this Period
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